

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986

Application for License to Practice Chiropractic

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)				
1	Name:	Last:	First:	Middle/Maiden:
2	Date of Birth			
(Attach a notarized copy of your birth certificate, marriage license, driver's license or other valid verification of age)				
3	Social Security #			
4	Place of Birth	City/County/State:		
5	Present Mailing Address	Street/PO/Route:		
		City:	State:	Zip:
	Telephone (Optional)			
6	Permanent Mailing Address	Street/PO/Route:		
		City:	State:	Zip:
	Telephone/Email (Optional)			

SECTION B – EDUCATION (All applicants must complete this section and provide official transcript from chiropractic college.)	
PRE CHIROPRACTIC COLLEGE	Name:
	Location:
	Date Completed:
APPROVED CHIROPRACTIC COLLEGE	Name:
	Location:
	Date Completed:

Licensure Fee:

Determine the month and year in which you are submitting your application. If the month falls in the shaded area of the following chart, the fee for initial licensure is \$127. If the month falls in the unshaded area, the fee for initial licensure is \$126. The prorated fee for initial licensure is \$32.25.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Even	\$126	\$32.25	\$32.25	\$32.25	\$32.25	\$32.25	\$32.25	\$127	\$127	\$127	\$127	\$127
Odd	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$126	\$126	\$126	\$126	\$126

**If the license fee at the time the application is final is different from the fee at the time the application is submitted, the \$1 difference will be requested or refunded.

Have you contacted the National Board of Examiners in Chiropractic to send your examination scores?	Answer Yes or No
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SECTION C – FELONY/MISDEMEANOR CONVICTION, LICENSE DENIAL (All applicants must complete this section)		
1	Have you ever been convicted of a felony or misdemeanor? (If yes, state the crime, date of conviction, name of court and the location of the court.)	
2	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?	

If you answered **YES** to the above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition.
- If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required).
- If you are currently on probation, a letter from you probation officer addressing probationary conditions and your current status.
- If your license in health care in another state has been revoked, suspended, limited or disciplined in any way, an official copy of the disciplinary action, including charges and disposition.

3	Have you ever been denied a license or the right to take an examination? If yes, please explain.		
	Answer Yes or No		
4	Have you ever been licensed as a Chiropractor in another state?		
	Answer Yes or No		
	List all other states where you have been or are currently licensed:		
	State	License number and date issued	Expiration Date
Attestation by the applicant:			
1	Have you practiced in Nebraska prior to the application for a license?		
Answer Yes or No			
2	If yes, what are the actual number of days you practiced in Nebraska prior to licensure?		

SECTION D – LICENSE ISSUED ON THE BASIS OF A LICENSE IN ANOTHER JURISDICTION If you hold a license to practice chiropractic in another jurisdiction, complete this section and have the licensing agency of the jurisdiction where you were initially licensed complete the Certification of Chiropractic license (Attachment A2)						
1	Name of Agency Issuing License:					
	Address		Street/PO/Route:			
			City:	State:	Zip:	
2	Date Issued:		Initial License #:		Expiration Date:	
3	Name of Written Examination and a statement of the topics covered by this examination:					
4a	Have you been in the active and continuous practice of chiropractic for one year of the three years immediately proceeding the date of application for Nebraska license?					
Answer Yes or No						

4b	Give location, address and dates actively engaged in practice of chiropractic (use additional sheet if needed)		
	Facility	Address	Dates
5	Have you requested to have certification of your initial chiropractic license sent to Nebraska? (Attachment A2)		
			Answer Yes or No
6	Submit with this application, from the licensing agency in the state of your initial license, copies of the standards for licensure at the time you were licensed, and the laws and rules relating thereto.		

SECTION E – CERTIFICATION OF APPLICANT	
<p>CERTIFICATION</p> <p>I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character</p>	
_____ Signature of Applicant	_____ Date

FOR USE BY RECIPROCITY APPLICANTS

CERTIFICATION OF CHIROPRACTIC LICENSE

(Must be completed by initial licensing agency)

Our records certify that _____ was granted License No. _____ to
(applicant's name)

practice Chiropractic in the State of _____ on the _____ day of _____, 20____.

based on written and practical examination.

I further certify that the aforesaid completed the following examinations:

_____ National Board examinations

_____ State Board prepared written and/or practical examination

_____ Scores are recorded below

_____ Grade records on this individual are no longer available, however, I certify that it is apparent said applicant received a score sufficient to meet the licensure requirements of this state at that time. The applicant had to obtain a score of _____ or above.

Subject	Score	Subject	Score

Has the applicant's license been: (a) Suspended? Yes ☐ No ☐ (b) Revoked? Yes ☐ No ☐
Or had other disciplinary action: Yes ☐ No ☐; if yes to any of the above, please attach explanation.

Date: _____

Name and Title

Licensing Agency

Address

City/State/Zip Code

Signature (no stamp)

(SEAL)

Return this completed form to:

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
Credentialing Division
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Lincoln, NE 68509-4986